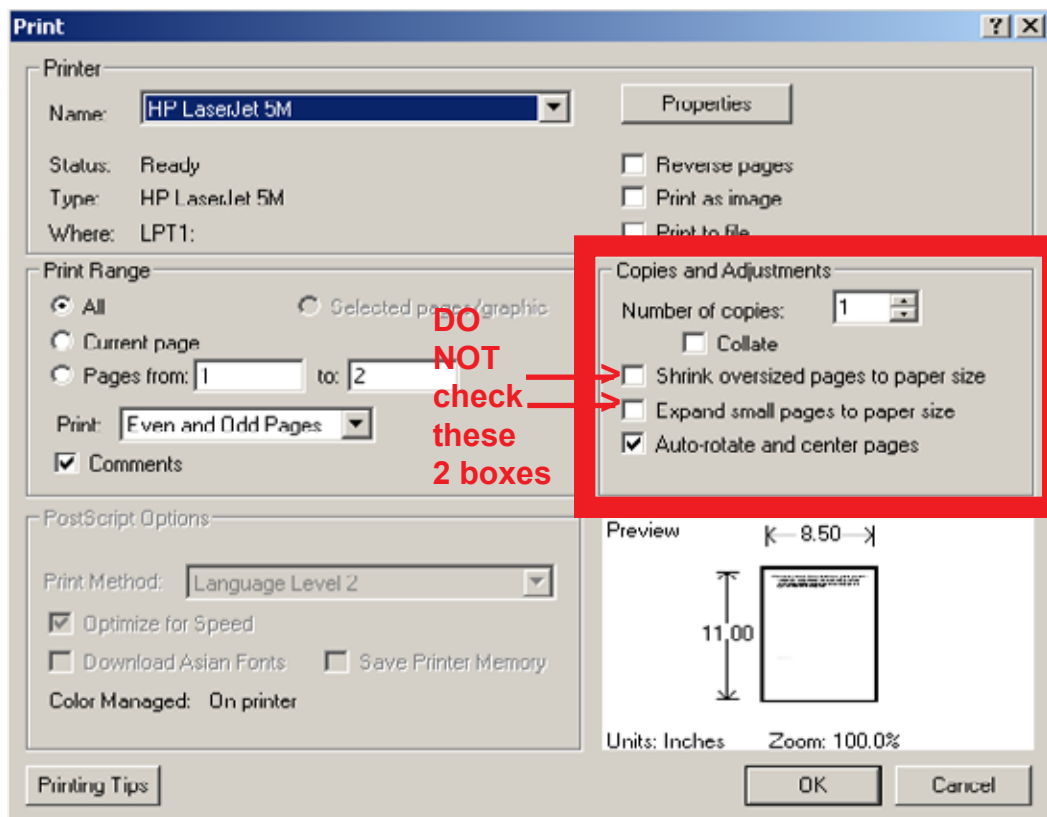


# Please read this before you print.

To print applications correctly, it is important to set up your print request as shown below. In the Adobe Acrobat Print dialog box, you must check the box “Auto-rotate and center pages.” Do **not** check the Shrink or Expand boxes.



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Health Professions Quality Assurance  
P.O. Box 1099  
Olympia, WA 98507-1099

## A. Contents:

### Veterinary Technician Application Packet

1. 672-073 ..... Contents List/SSN Information/Deposit Slip ..... 1 page
2. 672-050 ..... Veterinary Technician National Examination Schedule and Fee Schedule ..... 1 page
3. 672-051 ..... Application Instructions for Veterinary Technician Registration ..... 2 pages
4. 672-041 ..... Application for Veterinary Technician ..... 4 pages
5. 672-042 ..... Employment Reference Request Veterinary Technician ..... 1 page
6. 672-027 ..... Verification of Credential Veterinary Technician ..... 1 page

## B. Important Social Security Number Information:

- \* Federal and state laws require the Department of Health to collect your Social Security Number before your professional license can be issued. A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted. If you submit an application but do not provide your Social Security Number, you will not be issued a professional license and your application fee is not refundable.
- \* Federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 42 USC 666, RCW 26.23 and WAC 246-12-340.

## C. In order to process your request:

1. Complete the Deposit Slip below.
2. Cut Deposit Slip from this form on the dotted line below.
3. Send application with check and Deposit Slip to **PO Box 1099, Olympia, WA 98507-1099**.



Cut along this line and return the form below with your completed application and fees.



## Veterinary Technician

## DEPOSIT SLIP

NAME (Please Print)

DATE

Revenue Section  
P.O. Box 1099  
Olympia, Washington 98507-1099

Please note amount enclosed, and return  
with your application.

\$

- ☐ Check  
☐ Money Order

DOH 672-073 (REV. 6/2006)

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## **Veterinary Technician**

### **National Examination Schedule and Fee Schedule**

#### **National Examination Schedule**

The Veterinary Technician National Examination (VTNE) is held on the third Friday in January and June of each year.

The Washington State Veterinary Technician Application must be received in this office no later than 60 days prior to the national examination date.

#### **Fee Schedule for Veterinary Technician (VT):**

National Exam (Initial/Retake).....	\$110.00
<b>Separate Cashiers Check or Money Order Only. Payable to: American Association of Veterinary State Boards (AAVSB)</b>	

State Exam (Initial/Retake).....	\$100.00
Initial Registration.....	75.00
Renewal .....	65.00
Late Renewal Penalty .....	50.00
Expired Credential Reissuance .....	50.00
Duplicate Registration .....	15.00
Certification of Registration .....	15.00

**NOTE:** Submit the one hundred ten dollar (\$110.00) National Examination fee with your Washington State Veterinary Technician application. This \$110 fee must be in the form of a cashier's check or money order made payable to "American Association of Veterinary State Boards" (AAVSB).

If you have additional questions, please contact the Veterinary Board at (360) 236-4700.

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Health Professions Quality Assurance  
PO Box 47868  
Olympia, WA 98504-7868

## Application Instructions for Veterinary Technician Registration

### General Information and Instructions

When your application for Veterinary Technician registration has been received by the Department of Health, Veterinary Board of Governors, you will be sent an acknowledgment letter noting any outstanding documentation needed to complete the process. This is the only notice you will receive while your application is pending.

If you have accepted employment as a Veterinary Technician, we advise you to inform your employer of the approximate application processing times as listed below:

State Examination only.....	Allow 6–8 weeks
National Examination Applicants .....	Allow 12–15 weeks
Foreign Trained Applicants.....	Allow 10–12 weeks
Reinstatement Applicants.....	Allow 6–8 weeks

**Note:** You may not provide services as a “Registered Veterinary Technician” until you receive your Washington State Veterinary Technician Registration. Please be advised that during the application process information pertaining to the status of an application is available only to the applicant.

**National Examination applicants only:** Examination results are released in writing only.

To ensure that the necessary fees and documentation have been submitted or requested by you, we encourage you to use the following checklist:

☐ **Completed application (including recent photograph)**

If you are applying for the National examination, your application must be received at least 60 days before the examination date which is given every January and June. See the examination schedule on the first page for exact dates.

☐ **\$110.00 National Examination Fee—Cashier’s check or money order only.**

Please have cashier’s check or money order made payable to American Association of Veterinary State Boards (AAVSB). Please make sure that your name is listed on the cashier’s check or money order. **Our office cannot accept personal checks or cash for the National Examination fee.**

☐ **National Exam Scores**

If you have previously taken and passed the Veterinary Technician National Examination, your score needs to be sent to the Department of Health, Veterinary Board of Governors. All Professional Examination Service (PES) scores of the National Examination will be accepted only if mailed to this office directly from PES. The passing score for the National Examination is the criterion-referenced passing point scaled score established by the Veterinary Technician Testing Committee (VTTC).

- ☐ **\$175.00 (state exam and initial registration fees) Non Refundable Fee**  
State Examination Fee \$100.00, and the initial license fee \$75.00. Make your check or money order payable to the Department of Health. Mail your fees and application to the Department of Health, Veterinary Board of Governors, PO Box 1099, Olympia, WA 98507-1099.
- ☐ **Official Transcript**  
Your transcript must indicate the date your degree was conferred in Animal or Veterinary Technology and will only be accepted if sent directly from your school to the Department of Health, Veterinary Board of Governors.
- ☐ **Letter from your school**  
If you are an exam applicant and your transcripts are not yet available, you will be permitted to take the examination on submission of a letter from your program director stating current enrollment and expected date of graduation (must be within 6 months of graduation). Your registration, however, will not be issued to you until an official transcript has been received.
- ☐ **Credential Evaluation**  
If you were foreign trained, you must have your transcripts evaluated by a credential evaluation service and sent directly to the Department of Health, Veterinary Board of Governors, PO Box 47868, Olympia, Washington 98504-7868.
- ☐ **Employment Reference Form**  
Candidates applying for registration based on the qualification of five years of full-time veterinary technician experience must have the enclosed Employment Reference form completed by a licensed veterinarian who can attest to the completion of that experience. Make additional copies as necessary, if you have more than one employer.
- ☐ **Verification of Credentials**  
If you hold a credential in another state, jurisdiction, or country, and are taking the Veterinary Technician National Examination, or applying for your initial Washington credential, you will need to request written verification of your credentials be sent to the Department of Health, Veterinary Board of Governors. Verification will only be accepted if mailed to this office directly from the state Board/jurisdiction office(s).
- ☐ **AIDS Education Affidavit**  
Before you can be registered you must have completed four hours of AIDS education as defined in WAC 246-935-130. If your former education curriculum did not include the required AIDS education, you must obtain training through an independent source. It is your responsibility to obtain course work that meets the Washington requirements. To locate available courses, contact employers, community colleges, professional associations, local health departments, hospitals, AIDS Impact at 1-800-783-2437, Health Information Network at (206) 784-5655, the CPR and First Aid Co. at (253) 474-5879, Red Cross Offices or your local library.
- ☐ **State Examination**  
The State Exam is a state law and rule, mail-home/open book examination. This exam can be taken after receipt of the state exam fee. You must obtain a 90% score on the state examination. There are fifty (50) questions and each questions is worth two points.

**Send applications and fees to:**

Veterinary Board of Governors  
PO Box 1099  
Olympia, WA 98507-1099

**Send documentation without fees to:**

Department of Health  
Veterinary Board of Governors  
PO Box 47868  
Olympia, WA 98504-7868





Health Professions Quality Assurance  
P.O. Box 1099  
Olympia, WA 98507-1099

FOR OFFICE USE ONLY

ISSUANCE DATE:

CREDENTIAL NO:

CREDENTIAL #

## Application For Veterinary Technician

**Please Type or Print Clearly**—Follow carefully all instructions in the general instructions provided. It is the responsibility of the applicant to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application. All fees are non-refundable.

### 1. Demographic Information

APPLICANT'S NAME LAST		FIRST		MIDDLE INITIAL	
MAILING ADDRESS					
CITY		STATE	ZIP	COUNTY	
TELEPHONE (ENTER THE NUMBER AT WHICH YOU CAN BE REACHED DURING <b>NORMAL BUSINESS HOURS</b> .) (     )		RESIDENCE TELEPHONE (     )		SOCIAL SECURITY NUMBER (Required for license under 42 USC 666 and Chapter 26.23 RCW) —     —	
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male		BIRTHDATE (MONTH/DAY/YEAR) /   /		PLACE OF BIRTH (CITY/STATE)	
Have you ever applied for a Washington credential before? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, list date(s):					
Have you ever been known by any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, list.					
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR		

Attach Current Photograph Here.  
Indicate Date Taken and Sign in Ink Across Bottom of the Photo.

NOTE: Photograph **Must** Be:

1. Original, not a photocopy
2. No larger than 2" X 2"
3. Taken within one year of application
4. Close up, front view—not profile
5. Instant Polaroid Photographs **not** acceptable

### 2. Previous Credentials

List all states where credentials are or were held. Specifically list credentials granted as temporary, reciprocity, exemption or similar with type, date, grantor, and if credential is current. (Attach additional 8 1/2 X 11 sheet if

STATE/JURISDICTION	PROFESSION	LICENSE TYPE	LICENSE		METHOD OF LICENSURE	CURRENTLY IN FORCE
			YEAR ISSUED	NUMBER		
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

### 3. Personal Data Questions

YES NO

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain..... ☐ ☐

**"Medical Condition"** includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

1a. If you answered "yes" to question 1, please explain whether and how the limitations or impairments caused by your medical condition are reduced or eliminated because you receive ongoing treatment (with or without medications).

1b. If you answered "yes" to question 1, please explain whether and how the limitations and impairments caused by your medical condition are reduced or eliminated because of your field of practice, the setting or the manner in which you have chosen to practice.

(If you answered "yes" to question 1, the licensing authority (Board/Commission or Department as appropriate) will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition, the ongoing treatment, and the factors in "1b" so as to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are not eligible for licensure.)

2. Do you currently use chemical substance(s) in any way which impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain..... ☐ ☐

**"Currently"** means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, and includes at least the past two years.

**"Chemical substances"** includes alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

3. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or frotteurism?..... ☐ ☐

4. Are you currently engaged in the illegal use of controlled substances?..... ☐ ☐

**"Currently"** means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, and includes at least the past two years.

**"Illegal use of controlled substances"** means the use of controlled substances obtained illegally (e.g., heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care practitioner.

**Note:** If you answer "yes" to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The Department does criminal background checks on all applicants.

5. Have you ever been convicted, entered a plea of guilty, nolo contendere or a plea of similar effect, or had prosecution or sentence deferred or suspended, in connection with:

a. the use or distribution of controlled substances or legend drugs?..... ☐ ☐

b. a charge of a sex offense?..... ☐ ☐

c. any other crime, other than minor traffic infractions? (Including driving under the influence and reckless driving)..... ☐ ☐

6. Have you ever been found in any civil, administrative or criminal proceedings to have:

a. possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or legend drugs, violated any drug law, or prescribed controlled substances for yourself? ..... ☐ ☐

b. committed any act involving moral turpitude, dishonesty or corruption? ..... ☐ ☐

c. violated any state or federal law or rule regulating the practice of a health care professional? ..... ☐ ☐

7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", explain and provide copies of all judgments, decisions, and agreements. .... ☐ ☐

8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority, or have you ever surrendered such credential to avoid or in connection with action by such authority? ..... ☐ ☐

9. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence or malpractice in connection with the practice of a health care profession?..... ☐ ☐

#### 4. Education

In the spaces below, provide a chronological listing of your educational preparation and post-graduate training. (Attach additional 8 1/2 X 11 sheet if necessary.)

SCHOOLS ATTENDED FULL NAME, CITY AND STATE	DEGREE EARNED	ATTENDANCE	
		ENTRANCE DATE	ENDING DATE

#### 5. Professional Experience

List in chronological order all professional experience and practice from date of graduation from professional college. Include the month/day/year in chronological order. (Attach additional 8 1/2 X 11 sheet if necessary.)

EMPLOYER'S NAME AND ADDRESS	DESCRIPTION OF WORK	INCLUSIVE DATES OF EXPERIENCE	
		BEGINNING DATE	ENDING DATE

#### 6. Examination Data

Have you taken the Veterinary Technician National Examination (VTNE) in another jurisdiction?

☐ Yes ☐ No

If yes, list month(s) and year(s) \_\_\_\_\_

Have you ever applied for registration in Washington before this application ☐ Yes ☐ No

Approximate date \_\_\_\_\_. Under what name did you apply? \_\_\_\_\_

#### 7. AIDS Education and Training Attestation

I certify I have completed the minimum of 4 hours of education in the prevention, transmission and treatment of AIDS, which included the topics of etiology and epidemiology, testing and counseling, infectious control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and the psychosocial issues to include special population considerations. I understand I must maintain records documenting said education for two (2) years and be prepared to submit those records to the Department if requested. I understand that should I provide any false information, my certification may be denied, or if issued, suspended or revoked.

Applicant's Initials	Date

## 8. Applicant's Attestation

I, \_\_\_\_\_, certify that I am the person described and identified  
NAME OF APPLICANT  
in this application; that I have read RCW 18.130.170 and 180 of the Uniform Disciplinary Act, and that I have answered all questions truthfully and completely and the documentation provided in support of my application is, to the best of my knowledge, accurate. I further understand that the Department of Health may require additional information from me prior to making a determination regarding my application, and may independently validate conviction records with official state or federal databases.

I hereby authorize all hospitals, institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Department any information files or records required by the Department in connection with processing this application.

I further affirm that I will keep the Department informed of any criminal charges and/or physical or mental conditions which jeopardize the quality of care rendered by me to the public.

Should I furnish any false or misleading information on this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my credential to practice in the State of Washington.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**Official Use Only**  
**Washington State Records Center**



Veterinary Board of Governors  
PO Box 47868  
Olympia, WA 98504-7868

## Employment Reference Request Veterinary Technician

This form is for employment verification to complete the requirements for registration in the state of Washington as a Veterinary Technician. As a previous employer of mine would you please complete this reference request and return it to: Department of Health, Veterinary Board of Governors, PO Box 47868, Olympia, WA 98504-7868.

NAME OF CANDIDATE	TELEPHONE
ADDRESS	
<p>1. Name of employing veterinarian _____</p> <p>License Number _____</p> <p>Address of Facility _____</p> <p>2. Approximate dates of full time employment: _____</p> <p>3. Duties/responsibilities of employee named above: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>4. Describe the in-house training that was provided and completed by the employee named above:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>5. Please provide a brief overall evaluation of performance, care, safety and competence for the employee named above.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
SIGNATURE OF EMPLOYING VETERINARIAN	DATE

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## Verification Of Credential Veterinary Technician

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(MONTH/DAY/YEAR)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Credential Number: \_\_\_\_\_

I authorize the release of the information asked for below to the Washington State Veterinary Board of Governors

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(MONTH/DAY/YEAR)

Return Completed Form To: Department of Health  
Veterinary Board of Governors  
PO Box 47868  
Olympia, WA 98504-7868

Name of Credential Holder: \_\_\_\_\_

Credential Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(MONTH/DAY/YEAR) (MONTH/DAY/YEAR)

Credential was issued on the basis of:

☐ Examination in your State (Veterinary Technician National Examination)

☐ Other (Please explain): \_\_\_\_\_

Has credential ever been suspended, revoked, or subject to other disciplinary action? ☐ Yes ☐ No

If yes, Please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STATE  
SEAL**

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_  
(MONTH/DAY/YEAR)